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The potential impact of dynamic Upright MRI in the surgical management of patients with degenerative lumbosacral spine disease

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Degenerative disease of the lumbosacral spine is one of the most common causes of disability. MR imaging is generally considered to be the most valuable method to diagnose degenerative abnormalities of the spine. Clinical symptoms can develop with sitting, standing, or dynamic maneuvers (including flexion and extension) and may not be adequately assessed by supine MRI. It is a logical observation that the human condition is subject to the effects of gravity in positions other than that of recumbency. In addition, it is clear that patients experience signs and symptoms in positions other than the recumbent one. In cases where conventional MRI shows no evidence of cauda equina or lumbar nerve root compression in the setting of convincing clinical symptoms that warrant surgical intervention, reimaging in the upright position, with the addition of flexion and extension, is recommended. Completely open MRI scanner allows upright, angled-intermediate, as well as recumbent imaging. This would at the same time allow partial or full weight bearing and simultaneous kinetic maneuvers of the patients' whole body. The objective of the study was to assess the utility of upright dynamic MR examination to reveal occult lesions of the lumbar spine and the underlying etiology of low back pain or sciatica if conventional MRI under-estimated these findings.

Biography

Heba Ibrahim Ali has completed her PhD in Diagnostic Radiology at Ain Shams University in Egypt, followed by MD degree. She is working at the same university as a Consultant Radiologist. She has many publications and talks in international journals and conferences covering radiological entities. Her special interest includes MSK and Neuroimaging.

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